

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90331 029 \*\*\*150.00

<b>DOCUMENT # P93000016412</b> 1. Entity Name <b>ROBERT ENTERPRISES OF FLORIDA, INC.</b>			
Principal Place of Business <b>1336 N.W. 3 STREET MIAMI, FL 33125</b>		Mailing Address <b>1336 N.W. 3 STREET MIAMI, FL 33125</b>	
2. Principal Place of Business - No P.O. Box # <b>3165 SW. 23 STREET</b>		3. Mailing Address <b>542 SW. 12TH AVE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>#5</b>	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>	
Zip <b>33145</b>	Country <b>USA</b>	Zip <b>33130</b>	Country <b>USA</b>
4. FEI Number <b>65-0396688</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALONZO, JULIO 542 SW. 12TH AVE STE 1 MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name <b>JULIO ALONSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3165 SW. 23 STREET.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33145</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>JULIO ALONSO PRESIDENT</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>4/21/08</b> <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, JULIO 1336 N.W. 3 ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIO ALONSO 3165 SW. 23 STREET MIAMI, FL, 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALONSO, ROBERT 1336 N.W. 3 ST MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERT ALONSO 3165 SW. 23 STREET MIAMI, FL, 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALONSO, AIDA 1336 N.W. 3 ST MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JULIO ALONSO PRESIDENT</b> Date <b>4/21/08</b> Daytime Phone <b>(305) 324-9133</b>	